# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Ρ

## SIGNATURE: PAUL J SKIPPER

Electronic Signature of Signing Officer/Director Detail

PO BOX 67128 ST. PETE BEACH. FL 33736

Electronic Signature of Registered Agent

# FEI Number: 59-3183450

**Current Mailing Address:** 

DOCUMENT# P9200008891

## Name and Address of Current Registered Agent:

225 COREY AVENUE

City-State-Zip: ST. PETE BEACH FL 33706

SKIPPER, PAUL J 255 COREY AVENUE ST. PETE BEACH, FL 33706 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Address

**Officer/Director Detail :** PDRA Title Title VP SKIPPER,, PAUL J Name

## 255 COREY AVENUE ST. PETE BEACH, FL 33706

## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: F.L.A. CONTRACTORS, INC.

**Current Principal Place of Business:** 

Certificate of Status Desired: No

Name SKIPPER, PAUL JJR Address 255 COREY AVENUE City-State-Zip: ST. PETE BEACH FL 33706

Date

04/16/2015

Date

## FILED Apr 16, 2015 Secretary of State CC0252297755